

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/08/2011

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000135145

INSTALLATION NAME:

JML OPTICAL INDUSTRIES LLC

INSTALLATION ADDRESS:

820 LINDEN AVE ROCHESTER, NY 14625

MAILING ADDRESS:

820 LINDEN AVE **ROCHESTER, NY 14625**

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: JML OPTICAL INDUSTRIES LLC

or Current Occupant

ATTN: DAVID KOPIN

820 LINDEN AVE **ROCHESTER, NY 14625**

apulare	SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM RCRA PROGRAMS RCRA PROGRAMS
7	1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) To provide a Subsequent Notification (to update site identification information for this location) As a component of a First RCRA Hazardous Waste Part A Permit Application As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) As a component of the Hazardous Waste Report (If marked, see sub-bullet below) Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent
	2. Site EPA ID Number	LQG regulations) EPA ID Number [N
	3. Site Name	Name: JML OPTICAL Industries, LLC
	4. Site Location Information	Street Address: 820 Linden AVE City, Town, or Village: Rochester County: Monroe
	E Cita Land Type	State: New York Country: 45A Zip Code: 14625 Private County District Federal Tribal Municipal State Other
	Site Land Type NAICS Code(s) for the Site (at least 5-digit codes)	Marivate
	7. Site Mailing Address	Street or P.O. Box: 820 Linden Ave City, Town, or Village: Rochester State: New York Country: USA Zip Code: 14625
	8. Site Contact Person	First Name: David M!: M Last: Kopin Title: Maintenance Supervisor Street or P.O. Box: 820 Linden Ave City, Town or Village: Roches Ter State: New York Country: USA Zip Code: 14625
		Email: davek @ Jm OPTical, Com Phone: 5-85-248-8900 Ext.: 132 Fax: 585-248-8924
	9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Ricgecrest Associates Date Became Owner: 03-01-2005 Owner Type: Private County District Federal Tribal Municipal State Other
		Street or P.O. Box: 820 Linden Ave City, Town, or Village: Rochester State: New York B. Name of Site's Operator: JML OPTICAL Industries, LLC Date Became Operator: 07-07-2011 Operator
-	EPA Form 8700-12	Type: M Private County District Federal Tribal Municipal State Other 1,8700-13 A/B, 8700-23 (Revised 11/2009) 1, Called emaled 8/10/11. Ch SIZ/11 by Page 1 of Ly 1200 cm Done ded name of indendual That pened app

FPA ID Numbei

MYR1000011351145

OMB#: 2050-0024; Expires 11/30/2011

10. Type of F Mark "Ye	Regula es" or	ted Waste "No" for al	Activity (at your site) I <u>current</u> activities (as of t	he date submitting the	form); complete any additional l	ooxes as instructed.
A. Hazardoi	us Was	ste Activitie	es; Complete all parts 1-7.			
YXN	1. G If	enerator of "Yes", ma	f Hazardous Waste rk only one of the followin	ng – a, b, or c.	Y N 2. Transporter of H If "Yes", mark all	azardous Waste that apply.
	 a.	LQG:	Generates, in any calendar (2,200 lbs./mo.) or more of Generates, in any calendar accumulates at any time, in lbs./mo) of acute hazardou Generates, in any calendar accumulates at any time, in (220 lbs./mo) of acute hazar material.	hazardous waste; or r month, or nore than 1 kg/mo (2.2 is waste; or r month, or nore than 100 kg/mo	a. Transporter b. Transfer Fa Y N 3. Treater, Storer, o Hazardous Wast	cility (at your site) or Disposer of e Note: A hazardous quired for these activities.
	⋈ b.	SQG:	100 to 1,000 kg/mo (220 – acute hazardous waste.	2,200 lbs./mo) of non-		
		CESQG:	Less than 100 kg/mo (220 hazardous waste.			nd/or Industrial Furnace I that apply. tity On-site Burner
			ve, indicate other generato		Exemption Smolting M	elting, and Refining
Y 🗖 N 💢	d.	time even	m Generator (generate from t and not from on-going pro n explanation in the Comme	cesses). If "Yes",	Furnace Ex	
Y 🔲 N 🌌	e.	United Sta	ates Importer of Hazardous	Waste	Y N 6. Underground Inje	ection Control
Y 🗌 N 💢	f.	Mixed Wa	ste (hazardous and radioac	tive) Generator	Y N 7. Receives Hazard	
B. Universa	l Wast	e Activities	s; Complete all parts 1-2.		C. Used Oil Activities; Comple	
Y 🗖 N	1.	accumula regulation types of u	antity Handler of Universa ate 5,000 kg or more) [refe ns to determine what is re universal waste managed hat apply.	r to your State gulated]. Indicate	Y N X 1. Used Oil Transporter If "Yes", mark all a. Transporter b. Transfer Faci	
Y 🗀 N 🕽	X (2.	d. Lamps e. Other (f. Other (g. Other (Destination	des y containing equipment	/aste		Used Oil Burner
		activity.	, , , , , , , , , , , , , , , , , , ,	,	Specification b. Marketer Wi	n Used Oil Burner ho First Claims the Used e Specifications

wastes pursuant to 40 CFR Part 262 Subpart K								
	You <u>must</u> check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K							
See the it a. Coll b. Tea c. Non	o or currently operatinem-by-item instruct ege or University ching Hospital that is -profit Institute that is	owned by or has a for owned by or has a for	of types of eligible ormal written affiliatio	academic entities. n agreement with a c	Mark all that apply: ollege or university college or university			
L1. Description	of Hazardous Waste							
A. Waste Codes your site. Lis spaces are n	s for Federally Regu t them in the order th eeded.	llated Hazardous Wa ey are presented in t	astes. Please list the he regulations (e.g.,	e waste codes of the D001, D003, F007, U	Federal hazardous w 1112). Use an additio	astes handled at onal page if more		
D 001	D 005	D006	D 007	D 008	D035	D039		
D 040	F 003	F 005						
3. Waste Codes hazardous wa spaces are no	s for State-Regulate astes handled at your eeded.	d (i.e., non-Federal)	Hazardous Wastes e order they are pres	Please list the wast ented in the regulation	e codes of the State- ns. Use an additiona	Regulated al page if more		
			ı					

EPA ID Number

NIYIRIO0001131511145

OMB#: 2050-0024; Expires 11/30/2011

12.	12. Notification of Hazardous Secondary Material (HSM) Activity								
Y	□ N 🕱	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?							
		If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.							
13.	3. Comments								
	10.								

	Transition and the same of the	mine							
	-14-04(5)								
		Marca January L. January							
		100							
		144							
14.	4. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).								
Siç au	Signature of legal owner, operator, or an authorized representative Name and Official Title (type or print) Date Signed (mm/dd/yyyy)								
	/ L	Much	Controller	08/03/2011					
V	aleri	e Maher							
		•							



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/16/2005

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000135145

INSTALLATION NAME:

J M L OPTICAL INDUSTRIES INC

INSTALLATION ADDRESS:

820 LINDEN AVE

ROCHESTER, NY 14625

MAILING ADDRESS:

820 LINDEN AVE

ROCHESTER, NY 14625

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-3056

TO: J M L OPTICAL INDUSTRIES INC

or Current Occupant

ATTN: CHRISTOPHER NICHOLLS

820 LINDEN AVE

ROCHESTER, NY 14625





OMB#: 2050-0028 Expires 1/31/2006

SEND COMPLETED FORM TO:	United States Environmental Protection Agency						
The Appropriate State or EPA Regional Office.	RCRA SUBTITLE C SITE IDENT	DOCT 18 AI					
1. Reason for	Reason for Submittal:		70.00 (10	2.2001			
Submittal (See instructions on page 13.)	To provide Initial Notification of Regulated Waste waste, universal waste, or used oil activities)	Activity (to	o obtain an EPA ID Numb	er for hazardous			
MARK ALL BOX(ES)	☐ To provide Subsequent Notification of Regulated	Waste Ac	tivity (to update site identi	fication information)			
THAT APPLY	☐ As a component of a First RCRA Hazardous Was	te Part A	Permit Application				
	☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)						
2. Site EPA ID Number (page 14)	EPAID Number NYR 000139	514	5				
3. Site Name (page 14)	Name: JML Optical Industries	, T	nc.				
4. Site Location Information	Street Address: 820 Linden Ave	nue					
(page 14)	City, Town, or Village: Rochester		State: New Yo	cX			
	County Name: Monroe		Zip Code: 14622				
5. Site Land Type (page 14)	Site Land Type: Private County County	Site Land Type: Private County District Federal Indian Municipal State Other					
6. North American Industry	A. E	3.					
Classification	333314						
System (NAICS) Code(s) for the Site (page 14)	C.).	-				
7. Site Mailing	Street or P. O. Box: 820 Linden Av	PNIP					
Address (page 15)	City, Town, or Village: Rochester	Cilde					
	State: New York						
	Country: USA		Zip Code: 14622				
8. Site Contact Person	Wil. Last Name			olls			
(page 15)	Phone Number: Extension: 585 - 248 - 8900	Email address: Chrisn @ imloptical.com					
9. Operator and Legal Owner A. Name of Site's Operator: Date Became Operator (11-30-2605				(mm/dd/yyyy):			
of the Site (pages 15 and 16)	Operator Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other						
B. Name of Site's Legal Owner:			Date Became Owner (mm/dd/yyyy):				
	Owner Type: Private County District Federal Indian Municipal State						
	J. Sand Dound Gr	Cuerai L	a maian a iyunicipai a	State U Other			

EPA ID NO:					OMB#: 2050-0028	Expires 1/31/20	
9. Legal Owner	Street or P. O. Bo	020	Linden A	trenue	A DEATH	REPIONIT	
(Continued) Address	City, Town, or Vil	lage: Roc	nester		2005 OCT 11	8 AMII: 14	
	Table 1 and	w York			DODA D	10/ 3 /	
	Country:	SA		Zip	Code: 14625	SNCH	
10. Type of Regulated Mark "Yes" or "N		omplete any	additional boxe	s as instructed. (See instructions on p	ages 16 to 20.)	
A. Hazardous Wa	ste Activities arts for 1 through 6.						
Y ☑ N □ 1. Generator If "Yes", o	of Hazardous Waste hoose only one of th		a.b.orc.	Y 🗆 N 🗹 2. 1	Fransporter of Hazard	ous Waste	
	: Greater than 1,000 of non-acute hazard	kg/mo (2,200	lbs./mo.)	H	Freater, Storer, or Disp Hazardous Waste (at y A hazardous waste pern	our site) Note:	
	: 100 to 1,000 kg/mo of non-acute hazard	dous waste; o	r	Y 🗆 N 🗗 4. F	his activity. Recycler of Hazardous ite)	Waste (at your	
G. CES	QG: Less than 100 kg of non-acute haz	ymo (220 lbs., ardous waste	/mo.)		xempt Boiler and/or li	ndustrial	
In addition, i	ndicate other genera	ator activities	i.	Furnace			
Y 🗆 N 🗷 d. Unite	d States Importer of F	lazardous Wa	iste	If "Yes", mark each that applies. ☐ a. Small Quantity On-site Burner			
,	d Waste (hazardous a				Exemption b. Smelting, Melting, Furnace Exemptio	and Refining	
	4	la:	,	Y 🗆 N 🗹 6. U	nderground Injection	Control	
B. Universal Wast	e Activities				Oil Activities		
Y□N 1. Large Quar	tity Handler of Unive	ersal Waste (a	accumulate	Mark a	all boxes that apply.		
5,000 kg or	more) [refer to your	State regula	tions to	YONE 1. Us	ed Oil Transporter		
waste gene	vhat is regulated]. Ir rated and/or accumu	idicate types	of universal		Yes", mark each that	applies.	
mark all bo	ces that apply:		one. II les ,		a. Transporter b. Transfer Facility		
		Generate	Accumulate	YDNM2 He	ed Oil Processor and/		
a. Batteries					Yes", mark each that		
b. Pesticides					a. Processor		
c. Thermostat	s			/	b. Re-refiner		
d. Lamps		۵		Y□NØ3. Off	-Specification Used O	il Bumer	
e. Other (spec	cify)	_ 0		YONE 4. Use	ed Oil Fuel Marketer		
f. Other (spec	cify)	_ 0 "		If "Yes", mark each that ap		applies.	
g. Other (spec	eify)	_ 0			 Marketer Who Directs Off-Specification Use Off-Specification Use 	ed Oil to ed Oil Burner	
Y N 2. Destination Note: A hazard	N 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.				b. Marketer Who First C Used Oil Meets the S	laims the	

LI AID NO.					OMB#: 2050-002	B Expires 1/31/20
11. Description	of Hazardous Wast	es (See instructio	ns on page 20.)		Vel sh	REGION I)
handled at	les for Federally Regyour site. List them in age if more spaces a	n the order they are	is Wastes. Please li e presented in the re	st the waste codes gulations (e.g., D00	of the Federal haza 01, D003, F007, U11	rdous wastes 3 2). Use an
D008	D040	FOOI	F002	F003	F005	36
nazardous v	es for State-Regular vastes handled at you s are needed for was	ur site. List them in	eral) Hazardous Was	stes. Please list the requested in the r	e waste codes of the	e State-regulated Iditional page if
12. Comments (S	ee instructions on	page 20.)				

				W		
		V				
					V	
				4		
submitted. Based of he information, the	I certify under penalty rdance with a system in my inquiry of the perinformation submitted penalties for submitted page 20.)	n designed to assur erson or persons we ed is, to the best of	re that qualified person who manage the system of the manage and be	onnel properly gath em, or those person relief true, accurate	er and evaluate the	information le for gathering
Signature of opera outhorized represe		Name and Offici	al Title (type or prir	nt)		Date Signed (mm/dd/yyyy)
Jichard J.	Gachelder	Richard L	Bachelde	r, 1P of 1	Manufacturing	10-12-2005

ŞEPA

RCRAInfo NOTIFICATION DATA DI

Information from RCRAInfo

Facility Name: JLM OFFICAL THOUSTRES RCRA ID Number: NYR 000 135 145 Facility Address: 820 LINDEN AVE.	Facility Name: NEWPORT Corp. RCRA ID Number: Facility Address:
City: Rochester ST: NY ZIP: 1462	City: ST: ZIP: Mailing Address:
City: ST: ZIP: Facility Contact: Phone: Owner/Operator: SIC Code(s): Waste Codes: Generator Status (LQG/SQG): Other:	City: ST: ZIP: Facility Contact: Phone: Owner/Operator:
RCRAInfo Data Entry Staff will enter all i Non-LQG/SQG Generator Status Code (Circle Only On	Notification Data changes provided.
Conditionally Exempt Small Quantity Generator (CESQG) Definitionally Excluded Waste Delisted Waste One-time Hazardous Waste Generator Periodic Hazardous Waste Generator	No longer generates hazardous waste - still in bisiness No longer generate hazardous waste - out of business Never generated hazardous waste RCRA-ID number used to transport non-hazardous waste Regulated under other RCRA-ID number(s)
Contact Name: Bruce W. KNAPP Phone: 518-402-8659. Effective Change Date:	